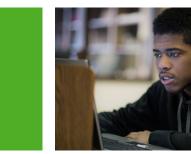
2015





Department of Health and Human Services











Report to the Community



Letter from the Director

Dear Friends,

I am extremely proud to share with you the *Milwaukee County Department of Health and Human Services 2015* Report to the Community. This year, we are making a few changes that we believe will help our community see how much we are accomplishing... and how many lives we are improving.

You will notice we have changed the name of the report to reflect our commitment to delivering a positive and strong community impact. As we highlight goals and outcomes for each of our divisions, we are also honored to share the inspiring journeys of individuals and families we worked with. Their stories are why we do the work we do, why we work so hard to fulfill our mission to enhance the quality of life for individuals who need support living healthy, independent, and safe lives within our community.

Throughout 2015, DHHS reached many outstanding milestones that we are honored to share with you.

- At **Behavioral Health**, we closed our final long term care unit and expanded our support for community based behavioral healthcare.
- With partners across business, government and nonprofit, our **Housing Division** launched Housing First, an initiative to end chronic homelessness in Milwaukee County by 2018. We have already seen a 70% reduction in chronic homelessness.
- **Disabilities Services** began a tremendous program to provide employment opportunities for all exiting high school students with a disability in Milwaukee County.
- **Delinquency and Court Services** accelerated our juvenile justice reforms while advancing data-driven decision making tools and evidence-based practices that are yielding better outcomes and improved public safety.

In addition, we took important steps internally at DHHS. Our department launched a workforce strategic planning effort and developed an employee-led engagement program to ensure we recognize our outstanding employees. And our Energy Assistance team stepped outside of the box to close a significant gap between the number of Milwaukee County residents eligible for this important benefit and the number who apply each year.

I am extremely proud of our work in 2015 and humbled by the tremendous team we have at DHHS. Please enjoy the *Milwaukee County Department of Health and Human Services 2015 Report to the Community.*

Regards,

Héctor Colón, MS, OT Director

Department of Health & Human Services

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Strategic Plan Overview

The DHHS Strategic Plan establishes a master framework to guide staff in how they will work together as a department and set priorities during a three year period (2015-2017) to make the department a stronger organization to fulfill its mission of enhancing the quality of life for individuals who need support living healthy, independent and safe lives within our community. The Strategic Plan focuses largely on internal practices that will allow DHHS to strengthen operations and business practices, set priorities, focus resources, and align staff and stakeholders toward common goals that will increase efficiency, effectiveness, accountability, quality, communications, and synergy. It also asks "how" and outlines what staff plan to do to reach the next stage of performance excellence. The Strategic Plan includes 5 goal areas which are listed below.

God 1: Workforce Investment & Engagement

1A: DHHS will be a desirable employer that will attract, recruit, and retain a talented, committed, and culturally diverse workforce at all levels of the organization.

2015 Projects:

- Develop and administer an employee engagement survey and implement action plans as part of a culture change initiative
- Develop and implement standard exit interviews with all employees

1B: DHHS employees will have consistent and equitable opportunities for professional development, input, recognition, and advancement.

2015 Projects:

• Provide regular opportunities for employees to volunteer to participate as division representatives in cross-departmental planning groups

1C: The DHHS workforce will be responsive to meet the business needs now and in the future.

2015 Projects:

• Provide leadership training programs and stretch opportunities

1D: DHHS will cultivate a workplace culture of accountability and performance management.

2015 Projects:

- Research and adopt leadership evaluation tools
- Provide coaching and feedback on goals and development areas

Gool 2: Community & Partner Engagement

2A: DHHS will be accessible, responsive, and transparent to its partners and the larger community.

2015 Projects:

- Develop and implement a marketing and communications approach around our purpose to "Do the Right Thing"
- Create a strategic communication plan across divisions
- Increase social media presence

2B: DHHS will engage with partners and the larger community to build meaningful community involvement in decision making and planning

Goal 3: Optimal Operations & Administrative Efficiencies

3A: Work processes and practices within DHHS will be streamlined, standardized, relevant, riskmitigating, and clearly documented and communicated to staff.

Strategic Planning Highlight: Employee Survey

Project: Develop and administer employee surveys at regular intervals as part of a culture change initiative.

As part of Goal 1 Workforce Investment and Engagement, an employee survey was conducted to reveal areas for improvement in our workplace. From these survey results, divisions identified priority areas for improvements "recognition," "trust and communication," and "growth and development." Then, workgroups were created to brainstorm and develop action plans to make improvements in these areas for DHHS employees. These workgroups' facilitators came together to share ideas, challenges and proposed solutions and are now working to implement new best practices in each division. We are excited to see improved employee survey results in 2016!



2015 Projects:

- Develop standardized employee policies for department
- Create and distribute a survey to divisions to assess and improve customer satisfaction with DHHS internal partners

3B: DHHS will respond to a changing environment by adopting available technologies to achieve operational efficiencies.

2015 Projects:

- Survey employees to determine knowledge of and comfort level with available technology
- Centralize performance measures

3C: DHHS facilities will be fully physically accessible, welcoming, and safe for all employees and visitors.

2015 Projects:

- Create a DHHS Green Committee to cultivate a department-wide culture that will support a commitment to sustainable energy conservation, waste reduction, and recycling
- Research and adopt best practices and options for flexible schedules, telecommuting, creative work spaces, etc.

Goal 4: Financial Health & Sustainability

4A: DHHS will exercise an efficient and responsible approach to financial management that plans for future sustainability.

2015 Projects:

• Develop appropriate monthly accounts receivable reporting packages 4B: DHHS will maximize and retain revenues through new and existing funding sources / financial structures.

2015 Projects:

- Assess clients and develop reporting to ensure proper treatment programming and utilization of funding sources including health care coverage and entitlements
- Solicit and consider ideas from staff regarding the budget in advance of budget cycle

Gool 5: High Quality & Accountable Service Delivery

5A: The service delivery approach of DHHS providers and programs will reflect DHHS values and be person-centered, recovery-oriented, trauma-informed, integrated, and culturally intelligent.

5B: DHHS will foster a satisfying and continuously improving client experience.

2015 Projects:

• Identify common areas of crossover of individuals/families served by divisions and develop protocols for transitioning, coordinating, and/or integrating services across divisions as appropriate

5C: DHHS will provide services that keep apace of current research-informed best practices/evidence-based practices and will engage in evaluation of services to determine effectiveness.

2015 Projects:

• Adopt the Baldrige Criteria for Performance Excellence as an organizational management framework

5D: DHHS will manage performance of all services, whether provided directly or through partners, through ongoing, standardized, and proactive quality assurance/quality improvement (QA/QI) practices and performance measurement.

2015 Projects:

• Develop and implement performance-based contracts



Strategic Planning Highlight: Green Committee

Project: Create a DHHS Green Committee to cultivate a department-wide culture that will support a commitment to sustainable energy conservation, waste reduction, and recycling

The Green Committee's inaugural field trip was touring the Milwaukee Recycling Facility! The committee met with director Joe Wilson of Keep Greater Milwaukee Beautiful to learn about recycling resources in our community. Did you know? The new recycling facility in the Menomonee Valley processes single sort recyclables using state-of-the-art recycling equipment!

"The tour of the recycling facility was more than expected. Seeing the material recycling facility was unbelievable, the jobs it can do and the size of the machine. I think we are making strides on the recycling process," said DHHS recycling partner Officer Mark Ratzmann of the Milwaukee County House of Correction.

DHHS is proud to continue to work on making our workplace more sustainable for our environment!

Housing Division

Mission: The Housing Division strives to provide Milwaukee County residents in need with a safety net, decent and safe affordable housing, and a connection to opportunities improving the quality of life using available funding sources in the most equitable and efficient manner. **Division Administrator:** James Mathy

The Housing Division serves as the recognized public housing authority for Milwaukee County. This year, we supported approximately 1,700 families and exhausted a tenvear-old waiting list.

Program Areas and Accomplishments:

CDBG and HOME | Milwaukee County's comprehensive CDBG planning process provides a framework for addressing identified housing and community development needs within the Consolidated Plan area. This program serves thousands of citizens with various housing, public service, and economic development projects. This year the program launched a New Cooperation Agreement with suburbs with strong fair housing language.

My Home and Safe Haven | A safe haven is a form of supportive housing that serves hard-to-reach homeless persons with severe mental illness who are on the street and have been unable or unwilling to participate in supportive services. Safe Havens provide more than shelter. They close the gap in housing and services available for those homeless individuals who, perhaps because of their illness, have refused help or have been denied or removed from other homeless program. This year, this program served over 550 homeless individuals and families, providing an additional 50 homeless clients with new case management partnerships.

Outreach Services (Housing First) | Housing First is based on the concept that a homeless individual or household's first and primary need is to obtain stable housing. Other issues that affect the household are addressed once housing is obtained. National data shows this model provides very successful outcomes and dramatically reduces public service costs. This year we began our plan to end chronic homelessness in Milwaukee County by using the Housing First model. We served over 100 chronically homeless individuals and families living on the street or in homeless shelters. They now have their own homes, many for the first time in decades.

Special Needs Housing | Milwaukee County provides housing subsidies and services for those that have supportive housing needs. This program manages over 300 units of supportive housing with a focus on consumers served by our own Behavioral Health Division. This year, we completed programmatic changes to Pathways to Permanent Housing and conducted consumer satisfaction surveys in supportive housing units.

Section 8 Rental Assistance | The Section 8 Housing Choice Voucher Program is federally funded by the U.S. Department of Housing & Urban Development (HUD). This program is designed to accommodate very low income families and individuals with rent assistance for decent, safe, and sanitary housing provided by private owners and rental agents.

Partner Highlight: HONC

More commonly know as "HONC," the Homeless Outreach Nursing Center partners with Department of Health and Human Services Housing Division, Community Advocates, and the St. James meal program to serve homeless individuals and those on fixed incomes who need additional resources. The organization's goal is to provide a place to be warm and welcomed with a meal and medical support.



Terry is recently housed, but on a fixed income. She regularly visits HONC to pick up a hot meal and hygiene items like toothpaste and toiletry items and a new pair of gloves to match her pink jacket. During her time at HONC, she can also take care of medical issues.



Ellen is a staff member of Community Advocates who acts as an advocate for her clients at HONC, helping them communicate with doctors about upcoming visits, taking their blood pressure from week to week and providing access to several other public services and resources that may benefit her clients.



And then there's Fred. Fred always seems to have a smile on his face. He is a story teller by trade and meal server by calling. Fred fell on some hard times that left him dependent on soup kitchens and social security, but now is back on his feet and enjoys giving back his time serving food to those in need at HONC.

Initiative Highlight

Ending Chronic Homelessness

Goal: End Chronic Homelessness in Milwaukee by 2018!

A chronically homeless individual is a person who has been continuously homeless for a year or more, or one who has had at least four episodes of homelessness in the past three years, often with a disabling condition.

In July of 2015, our Housing Division launched Housing First in Milwaukee with a goal to house 300 individuals by 2018. This initiative focuses on the Housing First concept, that a homeless individual or family's first and primary need is to obtain stable housing. Other issues that affect the household are addressed once housing is obtained. National data shows this model provides very successful outcomes and dramatically reduces public service costs.

When we move people into permanent housing first they are more likely to confront the root causes of why they became chronically homeless. Together, with our partners, we can give these individuals the options to take services on their own terms, allowing for choice and flexibility.

The Housing First initiative is a collaboration between: Milwaukee County Department of Health and Human Services Housing, Disability Services and Behavioral Health Divisions; City of Milwaukee; Milwaukee Police Department Homeless Outreach; Salvation Army; Cathedral Center; Hope House; Guest House; Community Advocates; landlords; building property partners; shelters, and more. The program is based on a national model that has proven to improve the lives of people involved, reduce homelessness and strengthen communities.

The partnerships in Milwaukee County's Housing First initiative provide resources for participants that leads to an increase in positive activities like working and keeping families together, while decreasing negative activities like drug and alcohol use and involvement in the criminal justice system. This dramatically decreases the costs associated with police time, emergency room visits and detox center stays.

Interested landlords, employers, donors and organizations can find more information at housing first milwaukee.org.

Meet Sondy

After losing her husband, Sandy, mother of five, spent much of her adult life moving around and staying with family as she worked as a waitress or housekeeper. When her dollars diminished and she found herself unable to work because of failing health, she turned to living on the streets.

Sandy used to sleep in an alley behind the Hampton Hotel in Downtown Milwaukee. Sandy found a group of nine others living on the street who became her second "family." They watched over each other and the few suitcases that held their belongings.

Her story changed drastically after she met Eric Collins-Dyke and Stephanie Nowak of the Housing Division. They told Sandy about Housing First. This gave Sandy hope to go "home."

One day, one of her friends left the alley because he had received housing through Housing First. He persuaded her to consider the opportunity as well. Stephanie and Eric worked with Sandy to help her and every member of that group out of homelessness.

Sandy was getting older. She knew she couldn't stand life on the streets any more. She speaks candidly about how vulnerable she felt sleeping in alleys and under stairs.

Every day is particularly dangerous for women experiencing homelessness. Sandy's stories reflect common themes of homelessness, cycles of abuse, violence, betrayals of trust, constant unrest. Constant movement. She guardedly searched for support and protection. She spent years searching some safety. Now, she has a safe, warm, one bedroom apartment.

Out of habit, she slept on the floor the first few nights. Little by little, Sandy began to feeling more comfortable in her new "pad," as she refers to it. Now she enjoys decorating, cooking meals, doing puzzles, and coloring – especially pictures of princesses.

Recently, Sandy found out they were hiring at a new Taco Bell just up the

road from where she used to sleep in that downtown alley. Her case manager, Jasmine, helped her to get the proper clothing and Sandy was hired. Now she works six days a week. She loves her job.

She still stays connected to her past, visiting her friends downtown, stopping for lunch at a soup kitchen and visiting the library, but at the end of the day, Sandy enjoys coming home – to her home.

Now, she is reconnecting with her family. She says that her grandchildren are the most important thing in the world to her. Her main goal is to see them again and hug them.



Meet Luke

The Housing Division prides itself on its data-driven, mission-focused work. At the heart of this work are employees like Luke. Luke Rosynek is the Program Evaluator for the Milwaukee County Housing Division.

In this role, Luke ensures that data is collected accurately for program evaluation, quality and performance improvement activities, and housing related research studies. Luke's team uses this data to evaluate trends in Milwaukee County to better serve some of our County's residents who are chronically homeless.

When Luke is not in the office crunching numbers, he is out with the rest of his team in outreach vans, searching the streets, alleys and bridges of Milwaukee, looking for more individuals to help with Housing Division Services and provide them with needed amenities.

Luke is excited about engaging with new Housing First residents and giving them opportunities for social

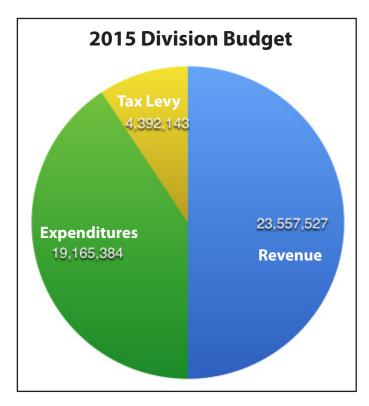


connection, employment, and creative outlets. He works closely with the new Resident Advisory Council and updates the program website (housingfirstmilwaukee. com).

Luke also carries this selfless attitude among his staff, continually promoting professional development of his staff, partnering with many organizations to provide his staff with education on management and supervision, research, evaluation, mental health, criminal justice, adult mental health provider networks, and AODA topics.

2016 AT a Glance

- End Veteran homelessness.
- Create a homeless endowment.
- Serve more individuals in the My Home Program.
- Open up Section 8 waiting list electronically.
- Start a Rapid Rehousing program for families using HOME funds.
- Open Tiny House development for kids aging out of foster care.
- Develop standardized assessment tools and performance goals for all Housing Division contracts.



Delinquency and Court Services Division

Mission: To partner with the community to promote public safety by reducing juvenile crime, holding youth accountable and improving youth competencies through DHHS values, consumer focus, technology, Evidence-Based Practices (EBP), innovation and effective partnerships. **Division Administrator:** Mark Mertens

We congratulate former administrator, B. Thomas Wanta on his retirement after 40 years of service to Milwaukee County!

Areas and Accomplishments:

Administration Support | Administration/Support Administration and support functions provide policy direction, programmatic and fiscal management, staff supervision, research and analysis of data, budget development, procurement of services, development of cooperative alliances with outside agencies, and adherence to state and federal laws. Included is development and implementation of non-judicial operational procedures of intake, detention, probation supervision and direct community-based services.

Detention Facility | The Detention Center provides secure custodial care of detained youth. In addition to providing a safe and secure environment, the center provides initial intake screening, education, sanctions, short-term mental health services, dental care, basic health screens and medical followup, an after school educational program, the Milwaukee County Accountability Program (MCAP) and other short-term services as necessary.

Intake & Probation Services | The Division provides statutorily required screening, assessment, and supervision of youth referred for delinquency and juveniles in need of protection and service matters. While not inclusive, these functions coordinate the provision of direct services, monitor and respond to court compliance, and provide other services for the court incorporating research-based and data-driven strategies to guide our work and services.

Purchase Services/Partnerships | The Division oversees and contracts for a variety of direct and support services purchased through various contracts and a network of service providers. Target areas include prevention, diversion, supervision support services, alternative education settings, out-of-home placements, targeted supervision (intensive), and re-entry support. DCSD provides custody intake, court intake, post dispositional supervision and services and also operates a 120-bed juvenile detention facility and serves juveniles that are typically between the ages of 10 and 17 years of age.

The job of a juvenile corrections officer is tough. Each day, Ramon Salinas and Tanya Roberson deal with youth during the most difficult time of their lives - incarceration. These kids come to the juvenile justice center not on their own accord. They have been charged with a crime, at a young age - between 10 and 17-years-old, and are sent to this facility.

When youth are admitted to the detention center, they are paired with an intake officer who coordinates their medical exam, completes their paperwork, gathers their belongings, issues them a new set of clothes, as well as their "pod" of youth and cell assignment for the next 7-10 days (on average).

Youth also receive a YASI (Youth Assessment and Screening Instrument), a tool to determine a youth's risk level to appropriately place them in programs that will deliver the best projected outcomes. The goal? Prevent youth from re-offending.

Once placed, Tanya and Ramon become a daily presence in the youths' experience, from breakfast to bedtime. Personally, Tanya and Ramon consider one of their primary roles to be that of a mentor. They set a good example for the youth, finding the right balance between compassion and discipline throughout the days' activities.

Statistically, many of these youth will return and occupy one of the facilities 120 beds. But, Tanya and Ramon continue to stay positive, giving these youth the opportunity to get a second change and become contributing citizens to our community.

Initiative Highlight

Keep more families together by helping delinquent youth receive support and treatment that meets their needs.

Reduce the reliance on out of home placement.

Juvenile Detention Alternative Initiative: The purpose of JDAI is to safely reduce the reliance on secure detention for delinquent youth pending disposition through the use of alternative programming/services. Since 2013, we have decreased the use of detention by about 25%. Referrals to DCSD are down by about 13% compared to 2013.

Juvenile Justice Reform and Reinvestment Initiative:

JJRRI is a collaboration with Georgetown University, Vanderbilt University and the Urban Institute to realign service implementation and reinvest more resources at the early stages to prevent recidivism and deeper involvement in the juvenile justice system. Wraparound is a critical partner in the quality assurance and program improvement components of the initiative.

JJRRI highlights:

- DCSD Quality Assurance department implemented.
 Standardized policies and procedures updated and implemented
- Developed the Continuous Quality Improvement (CQI)

 collaborative with Wraparound and DCSD
 community providers
- Participating in the NIATx and STARWI program

2015 Key Statistics

Since 2010...

- 22.7% drop in Juvenile Justice Referrals Juvenile Justice Referrals includes delinquency and Juveniles in need of Protection and Services referrals received by the Delinquency and Court Services Division.
- 31.7% drop in total admissions to Detention
- 28.3% drop in Department of Corrections Admissions

DCSD provides custody intake, court intake, post dispositional supervision and services and also operates a 120 bed juvenile detention facility and serves juveniles that are typically between the ages of 10 and 17 years of age.

DCSD collaborates with many juvenile justice stakeholders, both government and private, including the Division of Milwaukee Child Protective Services for dual status youth and Wraparound Milwaukee, as one-third of our youth on supervision are also enrolled in Wraparound.

In 2015, DCSD implemented the Detention Risk Assessment Instrument (DRAI), collaborated with community partners for the Power of Harambee Youth Employment

Program and re-design of the former day treatment program, now

Program and re-design of the former day treatment program, now called the Juvenile Education Treatment Initiative (JETI).

Pre Dispositional

Program Name / Community Provider

Capias Abatement Program / New Concept & Milwaukee Christian Center

Community Accountability Panels (CAP) / Professional Services Group

Level II (GPS optional) / Southwest Key & St. Charles Temporary Shelter/ St. Charles

Post Dispositional

Program Name / Community Provider

A True Aftercare Program (ATAC) / Running Rebels

Burglary & Auto Theft Program / Running Rebels

Celebrating Families / Meta House

Community Service & Restitution Coordination (CS&RC) /

Wisconsin Community Services

Employment Programs - Face Forward II & Power of Harambee /

Center for Self Sufficiency & West Care

PIVOT / Wraparound & St. Charles

Group Care (Group Home) / St. Charles & Trans Center Nehemiah

Juvenile Treatment Initiative (JETI) / Southwest Key

Milwaukee Accountability Program (MCAP) / Running Rebels

Restorative Justice / DA's Office

SAFE Milwaukee - Functional Family Therapy (FFT) / St. A's

Saturday Alternative Sanctions Program (SAS) / Wisconsin

Community Services

Serious Chronic Offender Program (SCOP)/Firearm (FA) / Running

 Rebels

 ${\bf Supervision\ Engagement\ Program\ (SEP)\ /\ Southwest\ Key}$

Youth Mentoring Program / Southwest Key

Wraparound Milwaukee / Wraparound

Re-Entry Programs (2) / La Causa & Wraparound/La Causa

Pre & Post Dispositional

Program Name / Community Provider

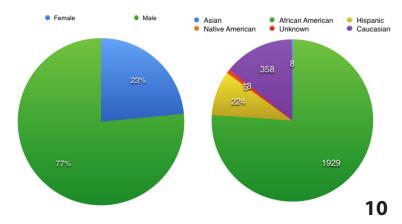
Children's Court Services Network (CCSN) / Fee For Service

contracted providers

Community Connections Program (CC) / Southwest Key

Evening Report Center (ERC) / Wisconsin Community Services

People Serviced in 2015



Meet Rothel

Rothel is a 17-year-old student at Bradley Tech High School, pursuing dreams of becoming a businessman. But it hasn't always been like this for Rothel. Rothel had a challenging past. He committed several crimes, including "driving without owner's consent," "armed robbery," and "party to a crime."

The Delinquency and Court Services Detention Center is where he first learned that this path was not set for him and that he controlled his next actions and in turn, his future.

Through this experience, Rothel was introduced to several organizations and people that motivated him to get started on a path to a positive future.

Milwaukee County Accountability Program (MCAP) - Rothel's judge offered him a spot in the MCAP program as an alternative to placement at Lincoln Hills School for Boys.

This program provided support and guidance and taught Rothel how to take responsibility for his actions and his life. With a smile, he describes his mentors from the program with a sense of pride and family.

"They care about me. Derron worked with me one-onone to change my mind, getting me to look at the bigger picture and make a life plan. You have purpose if you can see a bigger picture."

Virtual Academy - Through a partnership with the Wauwatosa School District, Rothel was able to attend virtual classes during probation. He learned he has a love for math, science and history, especially economics and geometry. He plans to apply this knowledge to owning his own business some day.

First, he plans to attend college, likely at the University of Wisconsin - Milwaukee, and may even want to get involved on the basketball team.

Power of Harambee Program - This program is an employment readiness program developed in collaboration with DCSD to provide curriculum on



professional development, financial literacy and building communication skills before placing youth in employment at McDonald's.

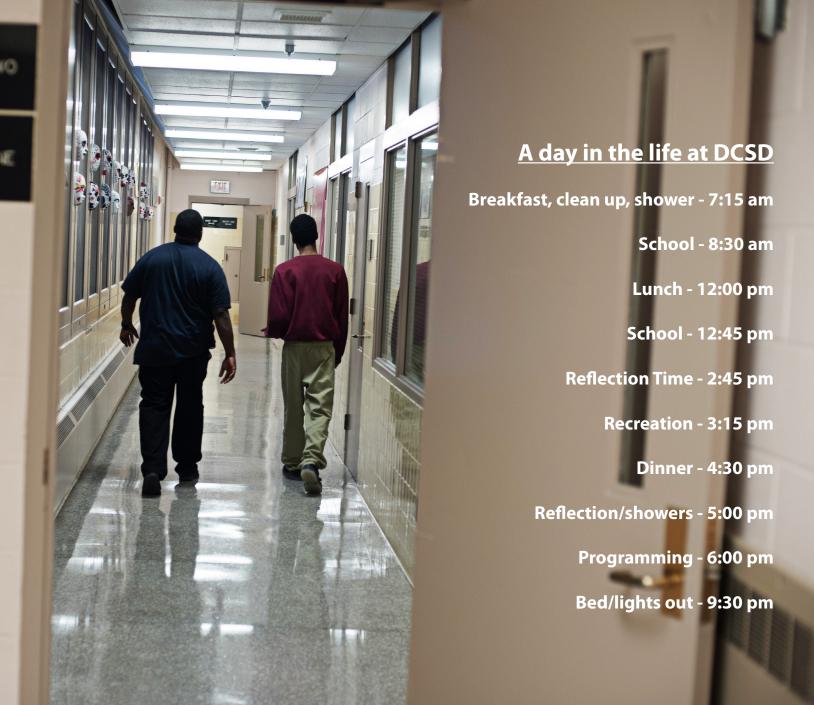
Through this program Rothel was able to get on-thejob training, learned how to budget, and even got his bank cards. Now, he's a crew member at McDonalds and is excited to learn more about the world of business.

Running Rebels - Running Rebels Community Organization provides programming for high risk youth, including mentoring, tutoring, anger management, daily living skills, an afterschool and summer Safe and Sound program and more.

Rothel enjoyed participating in the recreation programs, meeting new friends through basketball. He is appreciative for this alternate option to stay out of trouble.

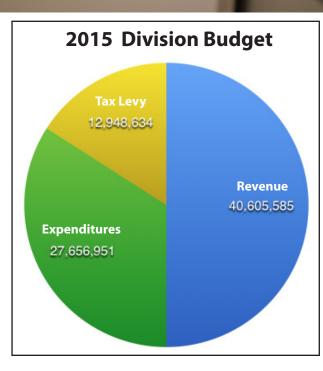
Rothel is set to continue on a positive path and is looking forward to graduating this spring and starting his journey to accomplish his dreams out in the world. Now he understands the alternative to confinement in a jail cell for years of his life.

"I'm just happy. I could have been somewhere else, but instead I'm here."



2016 At a Glance

- Review & assessment of Department of Juvenile Corrections youth.
- Milwaukee County Accountability Program (MCAP) expansion.
- Implementation of the Juvenile Program Management (JPM) data system.
- JJRRI Dispositional Matrix implementation (a DCSD Blueprint).
- JDAI Decrease the average rate of detention.
- Review all of our decision points under the lens of racial and ethnic disparity (RED).



Disabilities Services Division

Disabilities Services Division Program Areas:

Children's Services

Birth to Three Program | Federal entitlement program provides early intervention services to children age birth to three who demonstrate delays in key developmental areas.

Children's Long Term Services | Medicaid Home and Community Based waiver program that provides services to eligible children with significant physical, developmental or behavioral challenges and including children with Autism spectrum disorders up to age 22 to allow them to live in their home and community as independently as possible and assist the family in raising their child with a special need. Family Support Program | Funding source to purchase services and/or equipment for severely disabled children; prevent out of home placement for these children, keeping families together.

Youth Transition Services | A service to provide youth with assistance to connect with educational, vocational and residential

Court Services

options after leaving high school.

Adult at risk/adult protective services | Statutorily required service to provide investigations into allegations of abuse or neglect of vulnerable adults ages 18-59 who are in need of disability services.

Adult court-related services | Annual case reviews/assessments (WATTS reviews) are performed for individuals who have court-ordered placements and the diviosn provides assistance with guardianship petition.

Crisis Respite Residential Services | DSD's crisis respite home provides brief intensive support in a residential setting to individuals with disabilities. Individuals are referred for the service during a time of excessive difficulties with behavioral or psychiatric issues and may be referred as an alternative to being admitted to BHD.

Disability Resource Center (DRC) | The DRC is the front door to Wisconsin's Family Care program. It provides access to longterm care services to eligible individuals with disabilities age 18 – 59. The DRC also provides information, assistance and linkage to services through a call center. Disability Benefits specialists assist individuals with obtaining public or private benefits.

Burial Assistance | The Burial Assistance Program is for Milwaukee County residents with no financial resources, to assist with burial or cremation and funeral expenses.

IDAP Program | The IDAP Program provides some financial resources to eligible individuals while their social security disability or SSI is determined by the Social Security Administration.

Mission: To enhance the quality of life for all individuals with physical, sensory and intellectual disabilities and their support networks living in Milwaukee County by addressing their needs and providing individualized opportunities for persons to participate in the community with dignity and respect, while acknowledging their cultural differences and values.

Division Administrator: Geri Lyday



Who We Serve:

- Children age birth 3 with suspected delay, diagnosed condition or developmental
- Children up to age 22 with significant developmental, physical and behavioral challenges
- Children with Autism
- Adults ages 18 59 with physical and developmental disabilities who receive long-term support services in order to remain living as independently as possible in the community.

Served in 2015:

46.634 individuals

- 31,573 adults
- 15,061 kids

Initiative Highlight

Provide more services to families with children who have disabilities.

Partner Highlight: Penfield Children's Center

Penfield Children's Center is full of colors and crayons, balls and books, playgrounds, puzzles and more. Take a closer look and you see wheelchairs, oxygen tubes, medical tape and other items that you often don't associate with playtime. All of these contribute to the "Birth-to-Three program" to provide speech, physical and occupational therapy to infants and toddles (up to three-years-old) with developmental delays or disabilities.

It starts with a service coordinator, like Meghan. Meghan works with parents, like Tamika, to identify their child's areas of development and helps create individualized plans for their growth. Currently, Meghan is working with Tamika and her baby Dakhar, who has some developmental delays.

Each session, Meghan works with Tamika to evaluate Dakhar's progress, coach Tamika on strategies to promote learning and development in the home and connects the family with the right therapists to provide the appropriate support for Dakhar. Meghan even accompanies Tamika and Dakhar to appointments when needed. At six-months old, Tamika is already noticing improvements in Dakhar's development.

Tamika considers Meghan not only a friend, but part of the family. Not only has she assisted Tamika with supporting Dakhar's development, she always was involved when older brother, Demine was born. Since graduating from Penfield, Demine is now a thriving big brother, involved in his brother's growth.

"Meghan has become a backbone for our family," said Tamika. "I'm not on my own. I have someone supporting me every step of the way."



Being a parent is a blessing, but being a parent isn't easy. And Nichelle Sullivan is a single parent to two children - Jeremiah and Terriana, siblings with disabilities.

Early on, Nichelle became very familiar with the staff at the emergency room, dailying visiting with her son, Jeremiah who would stop breathing. The doctors would run tests, and the family would go back home, just to come back the next day with the same scare.

While Jeremiah was in and out of the ER, his sister Terianna was falling behind cognitively and developmentally. She (an appetite for nonfood items).

Soon, the siblings were diagnosed with Fragile X syndrome, a rare genetic condition that causes a range of intellectual, behavioral and physical impairments, often associated with the autism spectrum disorder. Along with their diagnosis, Nichelle was also fighting cancer at the age of 26.

Nichelle's Family

This family needed help.

Nichelle reached out to the Disabilities Services Division for any support they could give. DSD answered, assigning a case manager to Nichelle, who walked her through the process of finding and applying for the services she needed to care for her kids. Nichelle immediately enrolled in the waiver program and signed the family up for respite care to have extra support around the house with caregiving, cleaning and more.

Nichelle received emergency assistance in finding the right home to cater to family's needs, support in purchasing the right beds for her children, a washing machine to help with the children's incontinence, wipes for cleaning, safety locks for drawers and doors, wipes for the kids to stay clean, adaptive learning devices and sensory items to assist with daily living and learning.

Now, Jeremiah is showing success in grade school and is one of the most talkative in his class, especially when it comes to superheroes. Terianna is now seven and has begun to crawl - a experienced seizures, attention deficient disorder, asthma, and pica milestone! She also loves the colors and music of the Little Mermaid.

> "We're the happiest we've ever been!" said Nichelle. "These services are a blessing."

> Disabilities Services Division was able to ease the burden of parenting for Nichelle, giving her the tools to sustain her family and keep her kids at home and happy.

Resource Center

Ana spent much time as a young adult in and out of the hospital. She was weak, her vision was blurred, and she experienced spasms in her muscles to a point where some of her body would be paralyzed at times. While doctors tried to diagnose her mysterious symptoms, she felt she was without a support system living in Puerto Rico, miles away from her family who relocated to the United States.

When her symptoms worsened, Ana's sister moved her and her children to the United States for better care. Ana's sister took her to see a medical specialist, who diagnosed her with Devic's disease, a immunological disorder often confused with multiple sclerosis due to similar effects on the body.

Then, her treatment began. At Aurora Sinai Medical Center, she was referred to in-home care. However, speaking no English, Ana had difficulties obtaining the help she needed for her and her children (nine-year-old daughter and seven-year-old son) to live a quality life.

One day Ana's rehab nurses told her about the County's disability program and how she could receive support.

She was connected with Maritza, a disability benefit specialist (and fluent in Spanish!) who became her biggest advocate, helping her obtain the benefits she needed.

Maritza educated Ana on the public services available to her. She ensured Ana received Social Security Insurance.

She helped her fill out medical forms and communicate with her doctor about treatment. On days when Ana was wheelchair bound, Maritza helped accompany her to appointments.

Martiza gave Ana choices to allow her function at her full capacity so her family could lead the highest quality life possible.

"Maritza did everything for me, I am so appreciative," said Ana.



Person with a disability
Person without a disability
Person with an intellectual disability
Person with an emotional or behavioral disability,
person with a mental health or a psychiatric disability
Person who is hard of hearing
Person who is deaf
Person who is blind/visually impaired
Person who has a communication disorder
Person who uses a wheelchair
Person with a physical disability
Accessible parking or bathrooms
Person who is successful, productive

Not this!

The disabled, handicapped
Normal person, healthy person
Retarded, slow, simple, moronic, cognitive, developmental disability,
defective or retarded, afflicted, special person
Insane, crazy, psycho, maniac, nuts
Hearing impaired, Suffers a hearing loss
Deaf and dumb, mute
The blind

Mute, dumb is unable to speak, or uses a device to speak Confined or restricted to a wheelchair, wheelchair bound Crippled, lame, deformed, invalid, spastic Handicapped parking or bathroom Has overcome his/her disability, is courageous





Get involved! Become an advocate for our division always use person-first language!

2016 At a Glance

- · Work with state on long term care redesign.
- Ensure all people with intellectual disabilities have career opportunities upon leaving high school.
- Help more families with youth who have disabilities access programs and services.
- Move DSD towards a center of excellence in Milwaukee County.

Behavioral Health Division

Behavioral Health Division Services:

Crisis Services | Milwaukee County Crisis Services provides help to individuals who are experiencing a mental health crisis. We

make it a goal to prevent hospitalization as much as possible, but part of our service includes emergency hospitalization if that is needed. Our Crisis Line is answered 24/7/365: 414-257-7222

Acute Inpatient Services provides service to adults, children and adolescents with mental illness who need the support of a hospital environment. The services are provided by a multi-disciplinary team of mental health professionals in specialized programs to meet the needs of the individual.

Community Access to Recovery Services (CARS) provides a full array of supportive, recovery-oriented services for persons with severe and persistent mental illness and/or issues with alcohol or other drug abuse. CARS serves over 10,000 Milwaukee County residents each year through its Mental Health Services and Wiser Choice programs, which work together to ensure that individuals receive trustworthy, high quality, reliable services for mental health and/or AODA needs.

Wraparound Milwaukee is a unique type of managed care program operated by the Milwaukee County Behavioral Health Division that is designed to provide comprehensive, individualized and cost effective care to children with complex mental health and emotional needs. Wraparound Milwaukee serves families living in Milwaukee County who have a child who has serious emotional or mental health needs, is referred through the Child Welfare or Juvenile Justice System and is at immediate risk of placement in a residential treatment center, juvenile correctional facility or psychiatric hospital.

Management & Support Services

Meet Steve

Steve Ellison, RN is the Nurse Manager of the Intensive Treatment Unit at the Behavioral Health Division. Steve came to BHD with extensive experience working in public service, previously as a nurse and supervisor at the Milwaukee County Jail and House of Correction. He is now celebrating more than five years as a nurse manager at BHD.

At BHD, Steve works diligently at promoting patient centered care and teamwork. Under Steve's leadership, he formed a workgroup to develop and implement an innovative Certified Nurses Assistant rounding model with the purpose of enhancing patient care and communication. The result of this has been extremely positive. Now, all adult inpatient units have implemented this new rounding practice.

Steve continues to forge ahead in promoting interdisciplinary teamwork. He heads up a multidisciplinary teamwork committee whose vision is centered on promoting patient centered, trauma informed, and recovery-oriented care.

Mission: The Milwaukee County Behavioral Health Division

through early assessment and intervention, promotes hope for individuals and their families through innovative recovery programs in behavioral health wellness, recovery, research

Interim Administrator: Alicia Modjeska

Past Administrator: Patricia Schroeder

and education.

"I believe in greeting each patient on the unit and being available to each patient... Listening is the key to meeting patient's needs and problem solving."

Through Steve's initiative, he engaged unit staff in the process of implementing an Employee of the Month program and a "Kudos Korner" Bulletin Board in which staff recognize the positive efforts of their peers!

When asked what motivates him, Steve, without hesitation states, "I fell in love with the patients, mission, challenges and opportunities at BHD." Steve adds that he feels inspired by the doctors, nurses, social workers and nursing assistant. "They opened my eyes to what exceptional patient care is and how important teamwork is in the work we do here."

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Milwaukee County Behavioral Health Division SMART Goal Accomplishments

In March 2013, the Milwaukee County Mental Health Task Force developed SMART Goals to guide the redesign of Milwaukee County's mental health system to a community-based system of care. Each SMART Goal includes performance targets, objectives, and responsibilities. Take a look at how far we've come!



Initiative Highlight

Transition to Community-Based Services (Closure of Long Term Care)

The Milwaukee County Mental Health Redesign began more than 5 years ago to transform the way we deliver behavioral health care in Milwaukee County. We are moving from a hospital-based system of care to a system of community-based care.

Today – we evaluate how we are:

- increasing supportive services available in the community
- increasing the number of consumers we serve
- increasing access to behavioral health services
- decreasing the number of individuals who come through emergency detention and their length of stay in our hospital.

This means providing clear front doors with emphasis on:

- Access
- Support
- System
- Technology
- Sustainable

We have a responsibility to the community to develop a behavioral health system that meets our clients where they are at.

Meet Cory

On Friday, January 11, 2016 the Milwaukee County Behavioral Health Division quietly ushered in the end of an era. Four individuals living at Rehab Central, the final long term care unit at the Mental Health Complex, left for their new homes in the community. This transition to community-based care ended more than a century of long term care for people with mental illness on the Milwaukee County grounds.

The vision and commitment of countless people around the state made this possible. The process was comprehensive and collaborative, with a transition team that included BHD staff, social workers, attorneys, law enforcement, advocates and others meeting twice per month for nearly two years to develop thoughtful, individualized transition plan for each resident. The team designed these plans around each resident's needs, recovery goals and all laws. Innovative strategies led by BHD staff continue to monitor the progress of residents in community settings today - residents like Cory.

Cory Wells came to Hilltop in the summer of 2008.

Diagnosed with Kleinfelter's syndrome and bipolar disorder, Cory had struggled for years. He'd been in and



out of several institutional settings. When Cory came to BHD, his father Dan says, he received good 1:1 care. But Cory got sick a lot in the institutional setting and frequently had pneumonia. When Cory was healthy enough to move, his new care team from Community Care, Inc. worked closely with the BHD team and his new group home to make the move a smooth one. Today, his caregiver at CCI says Cory is thriving.

"Cory is surrounded by professionals who care about him, understand his support needs and his goals," said Cory's caregiver. "Along with the team and the behavioral health coordinator at CCI we assist in ongoing management of his changing behavioral and health needs. Cory is very clever and always finds a way to let us know what he needs."



The MUTT Team

It is not every day that a child faces a crisis - but if a crisis occurs, these youth and their families have help available.

The Mobile Urgent Treatment Team (MUTT) is comprised of individuals trained in trauma-informed care who provide 24/7 crisis intervention services and community supports for families caring for children who have complex behavioral health needs. This includes runaway situations, parent-child conflicts, emotional crisis, mental health incidences, and even children affected by violent crime.

When a crisis occurs, the MUTT team responds immediately by phone and are able to meet with the youth at home, school or at the scene of an incident. They provide face-to-face intervention, listening and providing guidance to youth and their families. They often follow-up by referring them to community services including short-term or ongoing counseling to stabilize



a youth after an incident or prevent a high-risk youth from having a recurrent mental, emotional or behavioral crisis.

"After something bad happens a parent will ask 'Are you ok," said Dr. Steven Dykstra a clinical psychologist at BHD. He continued "But in between the lines, what they really want to know is 'are you happy?" This team's vision is that every child they encounter will someday answer 'yes.'

People served in 2015:

In 2015, BHD's Psychiatric Crisis Service (PCS) had:

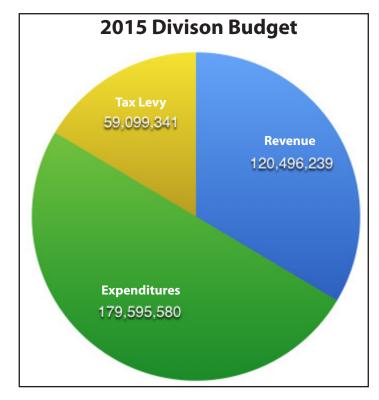
- 10,173 admissions, 5,987 unique individuals served
- Average age 33 years
- Minimum age 4 years old, maximum age 91 years old
- 58.7% male, 41.3% female
- 57.0% African-American, 32.5% Caucasian, 10.5% Other

In 2015, BHD's Acute Adult Inpatient Service had:

- 965 admissions, 702 unique individuals served
- Average age 38 years
- Minimum age 18 years old, maximum age 75 years old
- 58.6% male, 41.4% female
- 63.3% African-American, 29.4% Caucasian, 7.3% Other

In 2015, BHD's Child/Adolescent Inpatient Service had:

- 919 admissions, 628 unique individuals served
- Average age 15 years
- Minimum age 4 years old, maximum age 18 years old
- 54.5% female, 45.5% male
- 60.9% African-American, 23.7% Caucasian, 15.4% Other



2016 At a Glance

- Opening of new community north side location.
- Designing a care coordination model.
- Information technology to connect all of our providers to have access to the same information.
- Improvements in access to services.

Management Services Division

The Director's Office and Management Services Division provide administrative guidance, accounting support, and contract oversight to all DHHS program areas. Contract Administration also administers Energy Assistance and funding for IMPACT 211.

Management Services consists of:

- Contract Services
 - · Support for each division
 - · Contract Compliance
 - RFPs
 - · Background Checks
 - · Audits and Quality Assurance
- Energy Assistance
- Impact 2-1-1

Contract Administrator: Dennis Buesing

Energy Assistance Overview

Wisconsin Home Energy Assistance Program

Milwaukee County oversees the local administration of the Wisconsin Home Energy Assistance Program (WHEAP) which is comprised of the federally funded Low Income Home Energy Assistance Program (LIHEAP) and state funded Public Benefits (PB) Energy Assistance Program.

The Energy Assistance program provides qualified Milwaukee County residents with a one-time annual payment to make energy (heating and electric) bills more affordable, keeping them safe and warm in the winter.

Last season we served about 60,000 households, but we know more than 175,000 Milwaukee County households may be eligible for energy assistance. Eligible residents are those under 60% of the state median income or around 200% of the Federal Poverty Level. It includes many people on fixed incomes or on Food Share, but mostly it includes average working people, trying to make ends meet. This showed us we needed to make more of our residents aware of this public service so they could reap the benefits.

So this year, we made it easier than ever to apply. We worked with our service partners Community Advocates and UMOS to provide residents with:

- The option to walk in one of our sites or schedule an appointment to sign up for energy assistance.
- The ability to schedule appointments on line.
- Four main sites, two satellite sites and almost a hundred community sites across the County to be seen in their own neighborhood.
- A County wide call center and website for information and scheduling.

We also worked hard to get the word out and educate the community about the program and improvements.

We launched a campaign of billboards, bus ads and radio spots and interviews. This significantly improved our numbers and customer perceptions.

Ali and Maria

Ali and her family are just one of the thousands of households that benefited from the Energy Assistance Program this year. Maria, one of Community Advocate's utility advocates at the James Lovell location, met with Ali to process her application. Ali chose to make her appointment through our call center, which allowed her to have all her paperwork completed in less than an hour.

Maria also provides bilingual application services at our seasonal site at the Robles Center, an outreach partnership with Hunger Task Force and provides 24 hour coverage for our furnace program, which repairs or replaces inoperable furnaces for homeowners on the Energy Assistance Program.

People served in 2015:

Service Requests by Category Total

Housing/Shelter 54,577

Food/Meals 32,174

Clothing/Personal/Household Needs 12,190

Health Care 8,413

Legal, Consumer and Public Safety 6,429

Individual, Family and Community Support5,933

Utilities 5,334

Income Support/Assistance 4,431

Substance Abuse 3,890

Information Services 3,562

Mental Health 3,397

Other Government/Economic Services 1,649

Employment 1,563

Transportation 1,362

Disaster Services 718

Volunteers/Donations 671

Education 623

Arts, Culture and Recreation 253

If you know anyone that could be eligible for these services, send them to energy assistancemke.org for more information or they can dial 2-1-1.

Impact 211 Overview

IMPACT 211 is a comprehensive information and referral hotline that provides a centralized access point for people in need during times of personal crisis or community disaster. This service is available 24 hours a day.

When people dial 2-1-1, they will hear a friendly voice on the other end, like Cami Bell's.

Impact 2-1-1 and its employees, like Cami, act as an access point for people in need, connecting them with information and resources that can help them in whatever scenario they are encountering. Many of these services tie back to Milwaukee County's Department of Health and Human Services and that we all do: finding housing, ending homelessness, help for addictions, services for special needs, and more.

We work closely with 2-1-1 to ensure they are up to date and aware of all of our services to best serve our community.

In fact, on below zero days, Cami says most of the calls she gets are for "no heat" situations or furnace repairs. Cami first works with them to troubleshoot, identifying the root of the issue, walking them through checking their circuit boxes and more. Then, if needed, she refers these people to our Energy Assistance partners, Community Advocates and UMOS to ensure their issues are taken care of on site.

We visited Cami at 2 p.m. on a Wednesday afternoon, and the call center had already received over 500 calls that day!



Purpose: Do The Right Thing is an employee engagement program that builds morale, trust and an enthusiastic culture across the Department of Health and Human Services. We empower employees to live the DHHS values and recognize them for doing the right thing as they fulfill the work they are called to do.



Mission: Inspire employees across DHHS to honor their commitment to serve others and motivate their peers through living our workplace values and delivering exceptional services to our clients, customers, and our community.

Program Goals:

Educate - Increase employee understanding and awareness of how living the Values strengthens DHHS and our impact on the people we serve.

Engage - Increase employee engagement across DHHS by living the Values and demonstrating successful outcomes.

Empower - Empower employees to champion and recognize their coworkers who are living the Values in the workplace and in the community.

Department of Health and Human Services Values:

Honesty | Integrity | Respect | Dignity | Excellence | Diversity | Partnership



Milwaukee County Department of Health and Human Services

1220 W Vliet St. #301 Milwaukee, WI 53205 414-289-6877

Stay Connected.



Milwaukee County Department Of Health Human Services

